

**State of Oregon Drinking Water Services
Monthly Disinfection Report for Ground Water Systems**

System Name Troy Resort PWS ID# 41 93931
 Month/Year 11/25 Entry Point EP-B for Well #2 Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30	Well #2	0.8	
2	9:00	Well #2	0.8	
3		Well #2		
4		Well #2	Closed	26 gal Solution
5		Well #2		
6	8:30	Well #2	0.8	
7	10:30	Well #2	0.8	
8	11:30	Well #2	0.8	
9	9:30	Well #2	0.8	
10		Well #2		
11		Well #2		
12		Well #2	Closed	
13	7:30	Well #2	0.8	
14	8:00	Well #2	0.8	
15	10:00	Well #2	0.8	
16	9:30	Well #2	0.8	
17		Well #2		
18		Well #2	Closed	20 gal Solution
19		Well #2		
20	8:00	Well #2	0.8	
21	10:30	Well #2	0.8	
22	11:00	Well #2	0.8	
23	9:30	Well #2	0.8	
24		Well #2		
25		Well #2		
26		Well #2	Closed	
27		Well #2		
28	10:30	Well #2		
29	8:30	Well #2	0.8	
30	7:30	Well #2	0.8	16 gal Solution
31		Well #2		

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes ☒ No
 If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? ☐ Yes ☒ No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☒ No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: Douglas P. Witherite Title: Manager
 Signature: Douglas P. Witherite Phone #: (541) 828-7773
 Date: 12/7/25

Operator Certification #: 02
 Small Groundwater System